OPERATING ROOM SCHEDULE For use of this form, see AR 40-66; the proponent agency is OTSG						HOSPITAL		DATE (YYYYMMDD)	
TIME AND ROOM	PATIENT'S NAME, STATUS, AGE AND RELIGION	PATIENT'S REGISTER NUMBER & SSN (with Family Member Prefix)			OPERATION	SURGEONS	NURSING STAFF	ANESTHETIST	ANESTHETIC BLOOD (Unit)
			FROM	ТО					BLOOD (Onit)